

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Joe Bentivegna For Congress

ADDRESS (number and street)

PO Box 321116

Check if different
than previously
reported. (ACC)

Fairfield

CT

06825

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00555110

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CT

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Philip Peterson

Signature of Treasurer

Mr. Philip Peterson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

12

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 22

Write or Type Committee Name

Joe Bentivegna For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	22669.48	22669.48
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	22669.48	22669.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8080.38	8080.38
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8080.38	8080.38
8. Cash on Hand at Close of Reporting Period (from Line 27)	102589.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	88000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 22

Write or Type Committee Name

Joe Bentivegna For Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2014

To:

M M	/	D D	/	Y Y Y Y
03		31		2014

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

14950.00

14950.00

(ii) Unitemized.....

6165.00

6165.00

(iii) TOTAL of contributions from individuals ▶

21115.00

21115.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1554.48

1554.48

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

22669.48

22669.48

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

88000.00

88000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

88000.00

88000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

110669.48

110669.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8080.38	8080.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8080.38	8080.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	110669.48
25. SUBTOTAL (add Line 23 and Line 24).....	110669.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8080.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	102589.10

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mr. Anthony Bentivegna

Mailing Address 35 Pacific Dr.

City

Novato

State

CA

Zip Code

94949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Becherer Kannett & Schweitzer

Occupation

Attorney

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		24		2014

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Patricia Bentivegna

Mailing Address 317 N Center ST

City

Edensburg

State

PA

Zip Code

15931

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

teacher

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. Paul BocciarelliMailing Address 506 Cromwell Ave
Siute 203

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

dentist

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

David Chu

A.

Mailing Address 20 Forest Glen Circle

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT Petroleum Association

Occupation

analyst

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 21 2014

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. William Conyngham

B.

Mailing Address 12408 Copenhaver Terrace

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kellog Huber Hansen Todd Evans

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 05 2014

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

500.00

pay pal

Full Name (Last, First, Middle Initial)

David Emmel

C.

Mailing Address 28 Henderson Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 06 2014

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mr. Vincent Fazzino

Mailing Address 2049 Silas Deane Hwy

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
orthodontist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Michael Gingold

Mailing Address 26 Birch rd.

City

West hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consulting Ophthalmologists PC

Occupation

physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Lorraine Grodovich

Mailing Address 2301 Silas Deane Hwy

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

dentist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mr. Gary Kantor

Mailing Address 1704 Devonshire Rd.

City

Dresher

State

PA

Zip Code

19025

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y
01 14 2014

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Kaplan

Mailing Address 12 Rustic Lane

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 05 2014

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

250.00

cash

Full Name (Last, First, Middle Initial)

Robert Kudlawiec

Mailing Address 117 Lyn Lane

City

Windber

State

PA

Zip Code

15963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie State Energy

Occupation
engineer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 01 2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

A. Mrs. Jeanne Lieb

Mailing Address 24 Tamarack Circle

City

n. Kingston

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer
executive

Occupation
FM Global Insurance

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
02 11 2014

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Edward Lim

Mailing Address 144 N. main St

City

Branford

State

CT

Zip Code

06405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retina Specialists

Occupation
self employed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 14 2014

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Delia Manjoney

Mailing Address 945 Beaver Dam Rd

City

Stratford

State

CT

Zip Code

06614

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 28 2014

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mr. William Maron

Mailing Address 35 Mt. Farms Rd.

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mrs. Suzanne McDonald

Mailing Address 1401 Camellia Ave.

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe McDonald, MDOccupation
Administrator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Richard Monticciolo

Mailing Address 21 Edward St

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2014

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mr. Raji Mulukutla

Mailing Address 18 West Wynd Terrace

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middlesex Eye

Occupation

physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jerry Neuwirth

Mailing Address 399 Farmington Ave

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retina Consultants PC

Occupation

physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. Robert Noecker

Mailing Address 47 Bay Edge Court

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ophthalmic Consultants of CT

Occupation

physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		09		2014

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mrs. Sam Seltzer

Mailing Address 2422 Windsor Forest Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Martin Seremet

Mailing Address 71 Kirkwood

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grove HillOccupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. Alan Solinsky

Mailing Address 43 Juniper Lane

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		08		2014

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Prasad Srinivasan

Mailing Address 268 Grandview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Alan Stern

Mailing Address 190 garden St

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grove Hill Eye Care

Occupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. Marion Stoj

Mailing Address 31 Grier Rd

City

Vernon

State

CT

Zip Code

06066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retina Consultants

Occupation
physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Mr. Elaine Stuhlman

Mailing Address 227 Mountain Rd

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Elaine Stuhlman

Mailing Address 227 Mountain Rd

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

14950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Joe Bentivegna

Mailing Address PO Box 321116

City

Fairfield

State

CT

Zip Code

06825

FEC ID number of contributing
federal political committee.**C** H4CT04148

Name of Employer

Joseph F. Bentivegna, MD

Occupation

Ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11D.4300

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Joe Bentivegna

Mailing Address PO Box 321116

City

Fairfield

State

CT

Zip Code

06825

FEC ID number of contributing
federal political committee.**C** H4CT04148

Name of Employer

Joseph F. Bentivegna, MD

Occupation

Ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2014

Transaction ID : SA11D.4301

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

Joe Bentivegna

Mailing Address PO Box 321116

City

Fairfield

State

CT

Zip Code

06825

FEC ID number of contributing
federal political committee.**C** H4CT04148

Name of Employer

Joseph F. Bentivegna, MD

Occupation

Ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : SA11D.4235

Amount of Each Receipt this Period

1504.48

In-kind -

SUBTOTAL of Receipts This Page (optional).....

1544.48

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Joe Bentivegna

Mailing Address PO Box 321116

City

Fairfield

State

CT

Zip Code

06825

FEC ID number of contributing
federal political committee.

C H4CT04148

Name of Employer

Joseph F. Bentivegna, MD

Occupation

Ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3050.00

Date of Receipt

03 / **02** / **2014**

Transaction ID : SA11D.4302

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10.00

1554.48

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

Joe Bentivegna

Mailing Address PO Box 321116

City

Fairfield

State

CT

Zip Code

06825

FEC ID number of contributing
federal political committee.

C H4CT04148

Name of Employer

Joseph F. Bentivegna, MD

Occupation

Ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 06 / 2014

Transaction ID : SA13A.4145

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

Joe Bentivegna

Mailing Address PO Box 321116

City

Fairfield

State

CT

Zip Code

06825

FEC ID number of contributing
federal political committee.

C H4CT04148

Name of Employer

Joseph F. Bentivegna, MD

Occupation

Ophthalmologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

88050.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA13A.4155

Amount of Each Receipt this Period

85000.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

88000.00

88000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

A. Joe Bentivegna

Mailing Address PO Box 321116

City	State	Zip Code
Fairfield	CT	06825

Purpose of Disbursement
In-kind -

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: CT District: 04

Date of Disbursement

M M / D D / Y Y Y Y
02 / 25 / 2014

Amount of Each Disbursement this Period

1504.48

Transaction ID : SB17.4236

B. Inc. Expedia

Mailing Address 333 108th ST NE

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Disbursement this Period

475.48

Transaction ID : SB17.4380

c. Inc. Expedia

Mailing Address 333 108th St NE

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement
hotel booking

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

611.00

Transaction ID : SB17.4251

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2590.96

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

A. Design Holmes Lewis

Mailing Address PO Box 4139

City	State	Zip Code
Concord	NH	03301

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4376

B. Inc. Labels and Lists

Mailing Address 2500 116th Ave

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

995.00

Transaction ID : SB17.4347

c. Inc. PayPal

Mailing Address PO Box 45950

City	State	Zip Code
Omaha	NE	68145

Purpose of Disbursement
advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

Amount of Each Disbursement this Period

360.92

Transaction ID : SB17.4255

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1705.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)

A. Darline Perpignan

Mailing Address 58 Crestview Ave.

City	State	Zip Code
Stamford	CT	06907

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.4297

B. Smart Press

Mailing Address 18781 lake Dr East

City	State	Zip Code
Chanhassen	MN	55317

Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

Amount of Each Disbursement this Period

723.77

Transaction ID : SB17.4239

C. Premier Printing

Mailing Address 860 Honeyspot Rd

City	State	Zip Code
Fairfield	CT	06824

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

259.82

Transaction ID : SB17.4370

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1783.59

6080.47

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 22

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4145

Joe Bentivegna For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Joe Bentivegna

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 321116

City

State

ZIP Code

Fairfield

CT

06825

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 06 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 22

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4155

Joe Bentivegna For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Joe Bentivegna

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 321116

City

State

ZIP Code

Fairfield

CT

06825

Original Amount of Loan

85000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

85000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 28 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

1.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

85000.00

TOTALS This Period (last page in this line only)..... ►

88000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.